

## PART B - FEE(S) TRANSMITTAL

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35320 7590 01/10/2008

**ADVANCED NEUROMODULATION SYSTEMS, INC.**  
**6901 PRESTON ROAD**  
**PLANO, TX 75024**

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Filed via EFS-WEB

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/659,763	09/09/2003	Richard J. Daignault JR.	02-006 CON	4848

**TITLE OF INVENTION: SYSTEM FOR REGIONAL DATA ASSOCIATION AND PRESENTATION AND METHOD FOR THE SAME**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	04/10/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
SAJOUS, WESNER	2628	345-764000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Christopher S. L. Crawford 2 Peter Lando 3 Melissa Acosta
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**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

Advanced Neuromodulation Systems, Inc.

Plano, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are submitted:**

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies

**4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)**

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Christopher S. L. Crawford, #51,586/

Date February 19, 2008

Typed or printed name Christopher S. L. Crawford

Registration No. 51,586

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